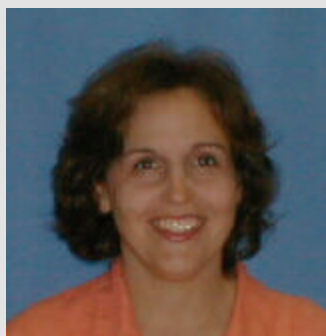




# CAMHD Newsletter

## Chief's Message



The last quarter has provided some welcomed news for Hawaii's child and adolescent mental health system! CAMHD received a very strong performance score of 96% on the annual external Medicaid audit, showing that we have developed a strong systemic behavioral health care system for Quest eligible youth with serious emo-

tional challenges. This external qualitative review is federally required by the Center for Medicare and Medicaid Service (CMS) for all managed care services provided. In addition, Dr. Al Arensdorf, the CAMHD Medical Director, and the CAMHD system as a whole, was awarded the Norbert and Susan Rieger Award from the American Academy of Child and Adolescent Psychiatrists (AACAP) for our system's evaluation and dissemination of evidence based services. This is an annual award given to only one sys-

tem in the country. Later this month, Dr. Arensdorf will travel to Washington, D.C. to receive this award from the Academy. Finally, the quarter's Interagency Performance Report showed strong results meeting or exceeding measures in most of the targeted areas. It's rewarding for all of us who've been part of the development of this system to see measurable outcomes and positive results for the children and families of Hawaii.

*Cont. on p.2*

### Expanding Representation on CAMHD Executive Team

CAMHD is pleased that the Statewide Family Organization contract has been executed with Hawaii Families As Allies (HFAA), and look forward to continuing the strong relationship we have had in years past. The new Executive Director of this agency is Ms. Susan Cooper. HFAA may be able to assist your organization and the families you serve. For further information contact Ms. Cooper at 487-8785. We are pleased to announce that Susan has been added to the CAMHD governing body, the Executive Management Team (EMT) to ensure that we have the family voice is present in our policy decisions.

Ms. Kuulei Wilton, CAMHD Provider Relations Liaison, has also been added to the EMT to assist in strengthening our relationship and response to provider agencies.

#### Inside this issue:

Co-Occurring Disorders	2,3
CAMHD Recognitions	4
CAMHD 3 Year Grant to Strengthen Residential Care Practices	5
CAMHD Employee Highlights	5
New Staff	6

#### Special points of interest:

- Help us in welcoming new CAMHD Staff P.6
- Contact Kuulei Wilton at 808-733-9857 if you are interested in submitting an article for a inclusion in a future CAMHD newsletter
- Look for the next CAMHD newsletter in December 2004

## Chief's Message, cont.

### *Focus on Special Populations*

Now that the system is stable and producing positive results for most of the youth, we are faced with studying those areas and those populations where we are still experiencing some challenges.

We have been working to strengthen the CAMHD identity among staff and provider network as a *Managed Care Healthplan* specifically contracted for child and adolescent behavioral health services. We are working to strengthen our relationships with child welfare workers, thereby increasing access to services for children in the child welfare system. Rachael Guay of the Family Court Liaison Branch has been

focusing on improving relationships and our response to the family court system.

We have been studying particular populations with the intent to improve the experiences and outcomes for these youth. These populations include youth who have strong histories of running from treatment programs, youth who have little long-term family and community support, and youth that have both mental health and substance abuse challenges. We recognize that these populations are challenging for the provider network and we are committed to working together to develop a stronger system for all of Hawaii's youth.

### *Strategic Plan Review*

In recent months CAMHD has been working to evaluate our

progress on the CAMHD Strategic Plan implementation. We thank many of you for your input in this review. Most of the input has now been collected, we are now in process of writing this report. The report will be provided to the Governor's Office and Legislature prior to the start of next session. We will make copies available to provider agencies, our families, and other interested parties.

It's a pleasure working with the provider network and stakeholder groups. We appreciate your partnership in serving Hawaii's children and youth. By effectively working together we will sustain a service system that provides all youth and families access to effective services in their home communities.

## ***"Co-Occurring Disorders" by Drs. Al Arensdorf & Faraz Qureshi***

Patients who have at least one emotional/behavioral challenge as well as an alcohol or drug use disorder, referred to as co-occurring disorders in US DHHS 1999 report, constitute 7 to 10 million individuals in the United States. This phenomenon is also evident in our state and follows the national pattern. It is also evident in Hawaii within the population of youth with emotional/behavioral challenges.

The relationship between substance use and emotional/behavioral disorders is a com-

plex one and co-occurrence may manifest in several ways:

1. Substance use and emotional/behavioral disorders may co-occur by co-incidence.
2. Substance use may cause emotional/behavioral conditions or increase the severity of emotional/behavioral symptoms.
3. Emotional/behavioral disorders may cause or increase the severity of substance use disorder.
4. Both disorders may be caused by a third condi-

tion, e.g. chronic pain.

5. Substance use and withdrawal may produce symptoms that mimic those of an emotional/behavioral disorder.

In any given situation, different aspects of this complex relationship may be operating. This complexity may lead to difficulty in diagnosis and management of the co-occurring conditions.

### **Diagnostic Challenges:**

One of the most difficult challenges in this field is diagnosis. Manifestations of substance

## “Co-Occurring Disorders” by Drs. Al Arensdorf & Faraz Qureshi

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use and withdrawal can mimic nearly every emotional/behavioral disorder. The best way to differentiate substance-induced, transient emotional/behavioral symptoms from emotional/behavioral disorder that warrant treatment is through observation of symptoms during a period of abstinence. A family history of emotional/behavioral illness, clear onset of emotional/behavioral symptoms before onset of the substance use disorder, and sustained emotional/behavioral symptoms during lengthy periods of abstinence in the past all weigh in favor of making a emotional/behavioral diagnosis in cases that are unclear.

### **Treatment Models:**

*Sequential:* Patient is treated by one system, addiction or mental health and then by the other.

*Parallel:* Simultaneous involvement of patient in both mental health and addiction treatment settings separately.

*Integrated:* Treatment approach that combines elements of both mental health and addiction treatment into a unified and comprehensive treatment program for patients with co-occurring disorders.

### **Evidence based treatment for individuals with Co-Occurring Disorders:**

Historically, individuals with co-occurring disorder received sequential or parallel treatment from the separate mental health services and substance abuse treatment systems. Fragmented and uncoordinated services create a service gap for persons with co-occurring disorders. Controlled research studies of co-occurring disorders reveal positive outcomes for integrated treatment programs (Drake et al., 2001).

Better identifying and treating *both* the substance abuse disorder and the emotional/behavioral challenges not only improve outcomes, but also appear to be cost effective, and that societal costs to care for these individuals may be reduced, as well.

### **Development of Evidence-Based Treatment Interventions:**

The evidence base is growing about the effectiveness of interventions that respond to an individ-

ual's stage of recovery and motivation to change with the focus on building a therapeutic relationship between client and clinician, and that offers services for other needs in the persons life, including the need for housing and work. (Drake, et al., 2001).

Specific medications and specific psychosocial interventions that target specific disorders (e.g., depression, anxiety, cocaine addiction, alcohol dependence, etc) are combined and modified for specific combinations of substance abuse disorders and psychiatric disorders. These integrated clinical interventions are implemented in multiple treatment settings including inpatient, outpatient, intensive in-home and in-school community programs, and residential programs.

In addressing co-occurring disorders, the system must also involve the family members in learning about the different disorders, how to be supportive, when to be firm, and how to participate in treatment. Family involvement is particularly critical for children and youth. Family based treatment includes work with adolescents, parents, parent-adolescent combinations, and whole families and includes attention to the youth's environment including peers, school and neighborhood. An extensive body of clinical research shows the effectiveness of Multisystemic Therapy for improving family relationships, decreasing adolescent substance use and reducing long term rates of re-arrest and out of home placements.

### **CONCLUSION:**

Evidence from multiple lines of investigation is converging to indicate that substance use disorders and emotional/behavioral disorders commonly co-occur. This co-occurrence presents challenges for diagnosis as well as optimal management. General principles emerging from the literature to guide treatment efforts include comprehensive assessment and combining of psychotherapeutic techniques from the emotional/behavioral and substance use fields in the design of specifically tailored strategies for youth with co-occurring disorders. The evidence supports integrated treatment models rather than sequential or parallel models.

## Alfred Arensdorf, M.D. Champions CAMHD Recognition



The Department of Health Child and Adolescent Division (CAMHD) has been named the 2004 winner of the Norbert and Charlotte Rieger Service Program Award for Excellence. CAMHD was selected by the American Academy of Child and Adolescent

Psychiatry's Workgroup on Community Systems of Care. Dr. Arensdorf will accept the award on behalf of CAMHD at the AACAP's 51<sup>st</sup> Annual Meeting in Washington, D.C., October 18-24.

Dr. Arensdorf will present an overview of the factors that led to the selection of Hawaii's system of care for recognition and honor. Some of the most notable factors were the utilization

and dissemination of evidence-based practice, the successful implementation of a statewide public/private system of care and the collaboration of CAMHD employees and private agencies in the provision of family-centered, culturally sensitive mental health services. Measurements of outcomes and accountabilities are highlighted as outstanding features to their program.

### Dr. Marty Hirsch: Teacher of the Year



Congratulations to our Dr. Marty S. Hirsch for being recognized as the "Teacher of the Year" by the Honolulu Magazine and the UH Department of Psychiatry for his excellent work. The UH program in child and adolescent psychiatry awarded him this honor this past June, a well de-

served honor considering he had been acting as both the Honolulu Family Guidance Center's Clinical Director and Branch Chief.

He has received many honors as a child and adolescent psychiatrist including being selected as a Fellow of the American Academy of Child and Adolescent Psychiatry. In 2004, he was named one of Hawaii's Best Docs in the July Issue of Honolulu magazine.

Dr. Hirsch also serves as the associate clinical director in the Family Court Liaison Branch's unit at the Hawaii Juvenile Detention Center, chairs the CAMHD Credentialing Committee and the pediatric psychopharmacology subcommittee of the Evidence Based Services Team. He is also a member of the clinical faculty of the UH John A. Burns School of Medicine, Department of Psychiatry's Child Division, conducting a seminar in family therapy.

## CONGRATULATIONS TO OUR CHIEF

Congratulations to our Chief, Christina Donkervoet for being selected as a 2004 "Natural Collaborative Leader" by the Mediation Center of the Pacific and the Natural Collaborative Leader Selection Committee. The Mediation Center of the Pacific is celebrating twenty-five years of providing mediation services to our community.

The Mediation Center initiated this recognition event in 2003 to encourage more people to learn conflict prevention and resolution skills and apply them in their daily lives. The "Natural Collaborative Leader" is one who has the talent to help others when problems or conflicts arise, someone who others can rely upon to

help alleviate stress caused by problems. In selecting the leaders the committee looks for the following qualities:

- Good listener and trusted confidante;
- Willing to say what needs to be said in a way that people can hear it;
- Encourages people to work out problems, not ignore them;
- Conveys hope that problems can be solved;
- Offers other points of view to help create understanding;
- Works to get people together to talk things through;
- Asks good questions to get people thinking constructively about an issue;
- Cares enough to bring problems to the attention of the right people;
- Offers constructive suggestions and solutions to problems and makes mat-

ters better, not worse; and

- Encourages their organization to work collaboratively with other organizations to achieve mutual goals.

To identify these leaders the Mediation Center seeks nominations from Hawaii's top 250 businesses, not-for-profits and government agencies. Nominations come from bosses, co-workers and employees. Christina is one of five individuals and one team of individuals recognized as a "Natural Collaborative Leader". Others recognized include Herb Conley (Coldwell Banker Pacific Properties), Dawn Naomi S. Chang (Ku'iwalu, Small Business), David Nakamura (Mutual Housing Association, non-profit), Ray Henderson (Ohana Makamae, Family Nurturing Center, Neighbor Island), and the Family Drug Court Team.



## CAMHD Employee Highlights



**Paul Rupf,  
Honolulu FGC Branch Chief**

Paul Rupf (pronounced like a dog's bark, ruff) originally hails from Connecticut and comes to Hawaii by way of New Hampshire and Virginia. He received his BA from the Virginia Commonwealth University in Developmental Disabilities Services and a MS in Community Mental Health Counseling from New England College.

Paul began his career in human services as a teenager in 1970, working for an inner-city crisis hot-line and providing volunteer

social and recreational activities for residents of the State institution for persons with mental retardation. He has extensive experience ranging from residential and habilitative services for persons with dually diagnosed, mental retardation and mental health (MR/MI) disabilities who exhibit challenging behaviors to experience with community-based and in-home based interventions and consultation with families in a children's Community Mental Health program.

Since moving to Hawaii in June 2003 with his wife, Lesley Slavin, he has worked as a Program Monitor with CAMHD Performance Management. Paul states that this afforded him a wonderful opportunity to become familiar with the children's treatment service system in Hawaii. Paul became the Branch Chief of the Honolulu Family Guidance Center, which includes Diamond Head FGC and Kalihi-Palama FGC in July.



**Rachel Beck, CSO Practice Development Specialist**

Rachel originally hails from New York City but had been in Washington, DC for the past 8 years working with teens with emotional problems both as a therapist and supervising others. Rachel will be working in the CAMHD Clinical Services Office as a Practice Development Specialist providing training and mentoring for staff at the Family Guidance Centers.



**Lisa Lee,  
CSO Clerk Typist**

Lisa is the newest member to the Clinical Services Office support staff. With her bright smile and energy she has already provided CSO the much-needed support to moves things along in this very busy office.



**CAMHD Website**

## CAMHD Receives a Three-Year Federal Grant to Strengthen Residential Care Practices

On October first, the Substance Abuse and Mental Health Services Administration informed CAMHD that it has been awarded more than \$700,000 as part of their "State Incentive Grant Program to Build Capacity for Alternatives to Restraint and Seclusion." This was a very competitive grant program, and CAMHD was funded for the full amount requested. Many staff of the CAMHD central office were involved in developing the grant proposal, and will play a role in implementing the project. These include Division Chief Christina Donkervoet who will be the Principal Investigator, Behavioral Specialist Lesley Slavin who will serve as Project Director, Sentinel Events Specialist Tamara Pappas, Medical Director Albert Arensdorf, Performance Manager Mary Brogan and Research & Evaluation Specialist Eric Daleiden. The project to be funded by this award will involve many opportunities for CAMHD contract agencies to improve their behavior management practices and to share successful strategies with one another. ***Stay tuned for exciting training and consultation initiatives!***

Please visit the Child and Adolescent Mental Health Division website at <http://www.state.hi.us/health/camhd>  
Here you will find the latest updates, reports, policies and procedures and other happenings.



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*Child & Adolescent Mental Health Division provides timely and accessible mental health services to emotionally disturbed youth and their families within a system of care founded upon Hawaii's CASSP principles and evidence-based practices, with a commitment to continuous monitoring and evaluation for effectiveness and efficiency.*

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## WELCOME TO NEW STAFF

(Including Internal Changes\*)

Marissa Baligad , COFGC Social Worker  
Robyn Nakayama, COFGC Social Worker  
Chasne Cabral Kitamura LOFGC MHCC  
Paul Rupf,\* HON FGC Chief  
Phillip Nguyen,\* HON PHAO  
Sylvette Kekauoka, FCLB Support Staff  
Adrian Rosally, HIFGC MHCC  
Karla Yoshiyama, HIFGC MHCC  
Mary Kenoi-Okajima, HIFGC MHCC  
Hai Ly, MIFGC Care Coordinator  
Lisa Costa, KIFGC MHCC  
Darlene Bodano, KIFGC Support Staff  
Lisa Lee, CSO Support Staff  
Rachel Beck, CSO Practice Development  
Elayne Schilling Matsui, \*Program Monitor Supv.  
Michelle Oka, CAMHD Billing  
Jeanne Barrett, Personnel Mgmt Specialist

## CONGRATULATIONS!

Congratulations to Keli and Franco Acquaro on the arrival of their son Ka'iolani on September 20<sup>th</sup> at 10:42 am. Kulia, Keli's three year old daughter, welcomed her "big" brother Ka'iolani who weighed in at 10 lbs, 3 ¼ ounces into her circle of love. The Hawaii Family Guidance Center will certainly miss their Chief Keli but are thrilled with the new addition to her family.

### ***Hauoli la Hanau to Ka'iolani !***

Mahalo to Debbie Roberts, Mental Health Specialist, (September), Charmaine Roberts Mental Health Specialist, (October), and Linda Lord, Quality Assurance Specialist, (November) who will be serving as the point of contact for the Branch chief until Keli returns in December .



**CAMHD Newsletter Editor: Kuulei Wilton**  
**Assistant Editor: Kris Jenkins**